Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

	Patent Number	5,891,429	No. of Lot		
franco de la constante de la c	Issue Date	April 6, 1999			
	First Named Inventor	Steven C. Clark			
	Title	RECOMBINANT HUMAN GRANULOCYTE MACROPHAGE-	<b>33</b>		
	Altorney Docket Number	118-6415-US-CNT2	,		

I hereby revoke all previous powers of attorney given in the above-identified patent.										
["]	A Power of Atte	omey is submitted herew	ith.	***************************************			***************************************			
OR										
X	the United States Patent and Trademark Office connected therewith				and to transact all business in		1095			
OR							**************************************			
	I hereby appoi above, and to	nt Practitioner(s) named t transact all business in th	below as my/our attorn le United States Patent	ey(s) or a and Trac	gent(s) with res demark Office c	pect to the onnected t	patent identified herewith:			
	ş		Registration Number							
		<u></u>								
Please recognize or change the correspondence address for the above-identified patent to:										
The address associated with the above-mentioned Customer Number.										
0	R									
X	The address ass	ociated with Customer Numb	per: 1095							
0	R									
	Firm or Individual Name									
Address										
City				State		Zij	2			
Count					······	······				
Telepi	······································	······	***************************************	Email						
I am the: Inventor, having ownership of the patent OR										
Patent owner.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on										
		2/ AIGNA	TURE of Inventor or Pa	ent Owne	ध					
Signa	<del></del>	Juyon Hon	1725		Date	9-2	2-10			
Name		Gregory/C. Houghton /			Telephone	862-778-5	115			
Title and Company Authorized Signatory of Novartis AG										
NQTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.										
*Total of forms are submitted.										

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to like (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.